

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI		OFFICE USE ONLY Date Received RECEIVED - CSO 17 APR 28 PM 2:36 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	Nickname: Michael D. LAST: Glaspie Sr. SUFFIX:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2111 Vista Ridge Ct Arlington, Tx 76013		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 654-2925		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI		
	Nickname: Billie Farrar LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 600 West Park Row Arlington, Tx 76010		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 277-4411		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 28 / 17 THROUGH 4 / 26 / 17		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 6 / 17		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Arlington City Council District 8		Same

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Michael Glaspie, Sr.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7650.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 6639.76

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,010.24

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ —

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Glaspie, Sr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Glaspie, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

May Syrio

Signature of officer administering oath

MARY SUBITO

Printed name of officer administering oath

City Secretary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

- | | | | |
|-----|-------------------------------------|------------------------------------------------------------------------------------|----|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 6

2 FILER NAME

Michael Glaspie, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Myron Jones

6 Contributor address;

City; State; Zip Code

1019 Belmont Dr. Kennedale, Tx 76060

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Peggy + Rickie Merritt

Contributor address;

City; State; Zip Code

3004 Iron Stone Arlington, Tx 76006

Amount of contribution (\$)

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M/M Elzie Odom

Contributor address;

City; State; Zip Code

1019 Byron Ln Arlington, Tx 76012

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clete McAlister

Contributor address;

City; State; Zip Code

5910 Moss Dr Arlington, Tx 76016

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

2 of 6

2 FILER NAME

Michael Glaspie, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Adolphus Patterson

6 Contributor address;

City; State; Zip Code

1717 Steinburg Ln Ft. Worth, Tx 76134

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

Erskine E. Rose

Contributor address;

City; State; Zip Code

740 Willington Dr Arlington, Tx 76018

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

Tom + Diane Cravens

Contributor address;

City; State; Zip Code

501 South Fielder Rd Arlington, Tx 76013

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

MPAC Arlington Inc

Contributor address;

City; State; Zip Code

1316 South Pecan St Arlington, Tx 76010

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 6

2 FILER NAME

Michael Gaspie, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Howard E. Porteus Jr.

6 Contributor address;

City; State; Zip Code

1245 Blue Lake Blvd Arlington, Tx 76005

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

Robert & Keri Kembel

Contributor address;

City; State; Zip Code

1301 Blue Lane Blvd Arlington, Tx 76005

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/17

Full name of contributor

☐ out-of-state PAC (ID#:

Clifford Mycoskie

Contributor address;

City; State; Zip Code

1409 Woodbine Ct Arlington, Tx 76012

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/17

Full name of contributor

☐ out-of-state PAC (ID#:

Michael H. Patterson

Contributor address;

City; State; Zip Code

2310 West Interstate 20, Ste 100 Arlington, Tx 76017

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

Michael Glaspie, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

TREPAC/Texas Association of Realtors PAC

6 Contributor address;

City; State; Zip Code

P.O. Box 2246

Austin, Tx 78768

7 Amount of contribution (\$)

\$1000⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

Rev. N.L. Robinson

Contributor address;

City; State; Zip Code

4109 Flower Garden Dr Arlington, Tx 76016

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

Miles H. Wilson II

Contributor address;

City; State; Zip Code

4008 Willowrun Ln Arlington, Tx 76013

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

Christopher S. Carroll

Contributor address;

City; State; Zip Code

4518 Ridgecrest Dr. Arlington, Tx 76017

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Michael Gaspie, Sr

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jim Maibach

6 Contributor address;

City; State; Zip Code

1703 North Peyco Dr Arlington, Tx 76001

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Michael Gaspie, Sr

9 Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

Edward + Grace McDermott

Contributor address;

City; State; Zip Code

2114 Franklin Dr Arlington, Tx 76011

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

Stephen R. Zimmer

Contributor address;

City; State; Zip Code

407 East Beady Rd Arlington, Tx 76006

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

John + Nancy Fegan

Contributor address;

City; State; Zip Code

P.O. Box 1604 Hurst, Tx 76053

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 6

2 FILER NAME

Michael Glaspie, Sr

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David + John David Moritz

6 Contributor address;

City; State; Zip Code

2111 North Collins, Ste 323 Arlington, TX 76011

7 Amount of contribution (\$)

\$1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mojj + Julia Haddad

Contributor address;

City; State; Zip Code

2500 NE Green Oaks Blvd, Ste 200 Arlington, TX 76006

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David D. Dang

Contributor address;

City; State; Zip Code

6441 Emerald Circle North Richland Hills TX 76180

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Michael Glaspie, Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/17		5 Payee name Jerry Robinson, Jr.			
6 Amount (\$) 125.00		7 Payee address; City; State; Zip Code 1600 Cuchara Ln Arlington, Tx 76018			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26/17		Payee name Pavlik & Associates			
Amount (\$) \$4327.72		Payee address; City; State; Zip Code 6115 Camp Bowie, Ste 270 Ft. Worth, Tx 76116			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting + advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/21/17		Payee name John Sons Press			
Amount (\$) \$2187.04		Payee address; City; State; Zip Code 3300 South Freeway Ft. Worth, Tx 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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